

# INITIAL L.P.S. DESIGNATION TRAINING AND TESTING

**DATE & TIME:** February 26, 2016

**8:30 AM - 2:30 PM**

*All registration is completed on the Learning Net prior to the training. Sign-in begins 30minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.*

**PLACE:** DMH Headquarters – (2<sup>nd</sup> Fl. Conf. Room)  
550 S. Vermont Avenue  
Los Angeles, CA 90020

**PARKING:** 523 Shatto Place - Parking structure (floors 3-8) OR  
metered parking lot Southwest corner 6<sup>th</sup> & Vermont

This condensed training will provide an introduction to mental health law and an overview of ethical issues as they relate to involuntary detention. The clinical component will discuss the mechanisms of the LPS application. The participant is expected to spend a minimum of two hours in self-study prior to the class and exam. (Please download and review the study guide before attending the training).

**TARGET AUDIENCE:** Licensed Clinical Staff requiring LPS Authorization from agency

**OBJECTIVES:** As a result of attending this training, participants should be able to:

1. Describe the fundamental law and criteria involving involuntary detention.
2. Define the impact of the Lanterman-Petris-Short Act on the rights of the mentally ill.
3. Identify who has authority to initiate an involuntary detention form and understand the scope of that authority.
4. Identify the responsibilities inherent in initiating involuntary detention and the ramifications of that responsibility.
5. Operationalize and problem-solve clinical and behavioral issues that may arise while conducting 5150 assessments in the field.

**CONDUCTED BY:** Staff from Patient's Rights Bureau, and DMH Consultant

**COORDINATED BY:** Lisa Song, LCSW - Training Coordinator  
Email: [lsong@dmh.lacounty.gov](mailto:lsong@dmh.lacounty.gov)

**DEADLINE:** December 30, 2015; or when maximum capacity is reached.

**CONTINUING  
EDUCATION:** NONE

**COST:** NONE

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Contract Providers complete  
attached LPS Training Application

☐ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☒ General

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
LANTERMAN-PETRIS-SHORT (LPS) ACT  
INITIAL AND RENEWAL AUTHORIZATION APPLICATION**

(Please Print or Type)

**TO BE COMPLETED BY CANDIDATE'S SUPERVISOR (Failure to complete all items may result in the application not being processed.)**

Training ID						Date of requested training: February 26, 2016					
Initial Application Renewal Application				Work Location Change From:				Training or testing date previously completed (if applicable)			
County Employee Number (non-county employees supply the last four digits of the SSN)											
Candidate's Name				Job Title							
Resident Admitting Privileges		Professional Staff with		Professional Staff without		County/DMH or Contracted Facility Staff					
Name of Agency, Program, or Hospital											
Work Address			City			Zip Code					
Work Telephone			Fax		E-mail						
Number of years experienced as a licensed MH professional					List all other current facilities at which LPS Authorized (if applicable)						
Start Date with LACDMH or Contracted Agency:				Required: Completed initial 6 month probationary period with LACDMH or Contracted Agency? Yes No							
Current job description of candidate which requires that he/she be authorized (please check one): On-Site Mobile											
County Clinic/County Contracted Clinic Employee LPS Designated Facility (inpatient) Employee LPS Designated Facility (inpatient) MD						Hospital Employee County Clinic/County Contracted Clinic Employee					
Field Based Services											
FSP Specify:				FCCS Specify:				Other, Specify:			
Credential	LPT PhD/PsyD	LMFT MD/DO	LCSW Unlicensed Resident	RN	NP	LVN (clinics only)	Other, Specify:				
License No.					License Expiration Date						
I attest that all statements made in the application are true and correct.											
Applicant Signature					Professional clinically in charge of Designated Facility or Agency <i>(If applicant is clinically in charge then immediate supervisor must sign.)</i> Print Name						
Date					Signature				Date		
Office Use Only: This section to be completed after training and examination.											
Test Score:	Pass:	Fail:	Test Date:			Designation Expiration:					
DMH Regional Medical Director (Signature):									Date:		
RETURN INITIAL LPS TRAINING APPLICATION to: County of Los Angeles - Department of Mental Health Workforce Education and Training (W.E.T.) Division 695 S. Vermont Avenue, 15 <sup>th</sup> Floor, Los Angeles, CA 90005 Phone No. (213) 251-6854 Fax No. (213) 252-8776 / 8775 <b>Note:</b> The initial LPS Training Application should be submitted at least one month prior to selected scheduled training date.											
EMAIL RENEWAL APPLICATION & NOTICE OF CHANGES for Hospital/Facility Staff, Directly Operated and Contracted Staff, or Questions to: <a href="mailto:LPSCoordinator@dmh.lacounty.gov">LPSCoordinator@dmh.lacounty.gov</a>											
Submit this form as an application for LPS training, renewal authorization and change of work location. Form must be completed for each facility at which individual desires authorization. The application will be forwarded to the Medical Director's Office for final LPS authorization, once training has been completed and test score added.											

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
ATTESTATION FOR LPS AUTHORIZED APPLICANTS**

Certificate of Applicant:

I attest that all statements made in this application are true and correct. I acknowledge that any false or incomplete statement given here or an omission of material fact will result in my disqualification. I further acknowledge that I have reviewed the [LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Sixth Edition \(revised March 2013\)](#), and that I have read and understood this document, and will uphold all applicable legal, ethical, regulatory and reporting principles contained therein and in the standards of my professional license(s). Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work based action may affect or appear to affect private financial interest or personal gain, financial or non-financial.
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively.
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness.
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care.
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards.
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity.
- Demonstration of highest standards of personal integrity in all work related activities carried out in the application of my authority for involuntary detention.

I acknowledge that, if I am given authority for involuntary detention, my failure to comply with the above principles and all laws, policies, by-laws or regulations related to involuntary detention, or with those portions of the [LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Sixth Edition \(revised March 2013\)](#) related to individuals (including any revisions thereafter adopted), will result in withdrawal of my involuntary detention authority. I acknowledge that involuntary detention authority may also be withdrawn without cause at any time by the LACDMH Director.

<hr/> <b>Signature of Applicant</b>	<hr/> <b>Print Name</b>	<hr/> <b>Date</b>
<hr/> <b>Credential, License No.</b>		<hr/> <b>Expiration Date</b>
<hr/> <b>Designated Facility or Directly Operated Program or Contract Site Approved to Initiate LPS Involuntary Holds</b>		
<hr/> <b>Address</b>	<hr/> <b>City</b>	<hr/> <b>State</b>
		<hr/> <b>Zip Code</b>
<hr/> <b>Work Telephone</b>	<hr/> <b>Email Address</b>	
<hr/> <b>Professional Clinically in Charge of Designated Facility or Approved Site (Print Name)</b>	<hr/> <b>Signature</b>	